DNR 7802.94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Divison of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

844265

Permit Number 47 (96)

COUNTY Van Wert TOWNSHIP Union SECTION (Circle One) LOT No. 4

OWNER/BUILDER (Circle One or Both) C. Dean (First) Mosier (Last) PROPERTY ADDRESS (Address of well location) 9305 (Number) Elm - Suga- (Street) Convoy (City)

LOCATION OF PROPERTY North Side of Elm - Suga- 1/4 mile East of Richey 45832 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 3/4" in.

[1] Diameter 6 in. Length* 25 ft. Wall Thickness SDR21 in.
[2] Diameter ___ in. Length* ___ ft. Wall Thickness ___ in.

Type: [1] [2] Steel [1] [2] Galv. [1] [2] PVC [1] [2] Other

Joints: [1] [2] Threaded [1] [2] Welded [1] [2] Solvent [1] [2] Other

Liner: Length ___ Type ___ Wall Thickness ___ in.

SCREEN

Type (wire wrapped, louvered, etc.) ___ Material ___

Length ___ ft. Diameter ___ in.

Set between ___ ft. and ___ ft. Slot ___

GROUT

Material Nat Slurry Volume used 2 Bag Hole Plugs

Method of installation Flooded + Poured

Depth: placed from 25 ft. to Surface ft.

GRAVEL PACK (Filter Pack)

Material ___ Volume used ___

Method of installation ___

Depth: placed from ___ ft. to ___ ft.

Pitless Device [1] Adapter [2] Preassembled unit

Use of Well Home

[1] Rotary [2] Cable [3] Augered [4] Driven [5] Dug [6] Other

Date of Completion 7-20-96

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.

From	To	
0'	11½'	Yellow clay
11½'	12½'	Grey clay
12½'	49'	Grey Limestone
		Water from Limestone

*(If additional space is needed to complete well log, use next consecutively numbered form.)

WELL TEST

[1] Bailing [2] Pumping* [3] Other Air

Test rate 10 gpm Duration of test ½ hrs.

Drawdown 29 ft.

Measured from: [1] top of casing [2] ground level [3] Other ___

Static Level (depth to water) 7 ft. Date: 7-20-96

Quality (clear, cloudy, taste, odor) Clear

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump Sub Capacity 10 gpm

Pump set at 45 ft.

Pump installed by Layman Well Drilling

WELL LOCATION

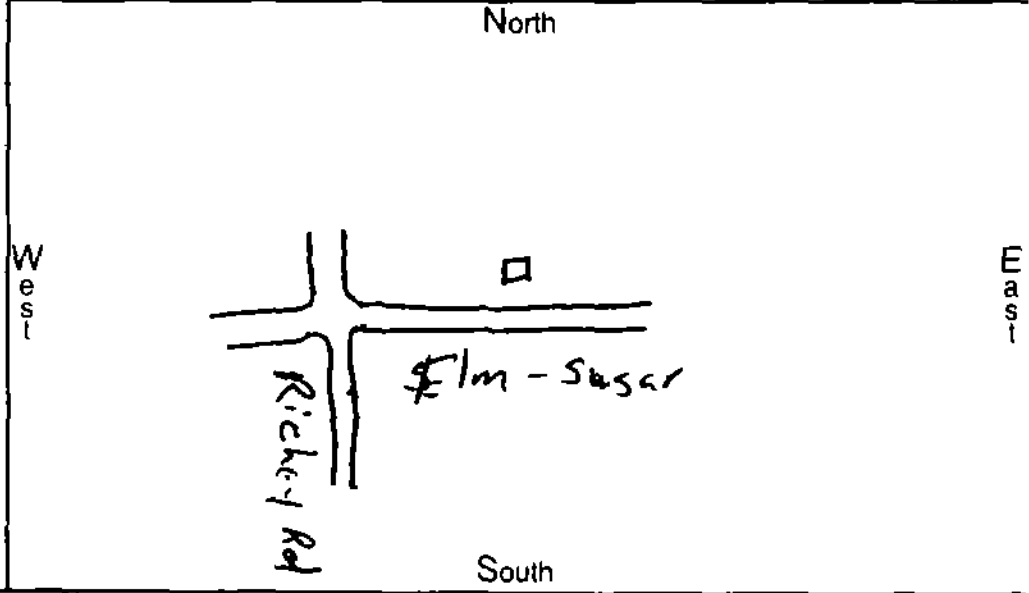
Location of well in State Plane coordinates, if available:

Zone ___ x ___ y ___

Elevation of well ___ ft./m. Datum plain: [1] NAD27 [2] NAD83

Source of coordinates: [1] GPS [2] Survey [3] Other ___

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.



Drilling Firm Layman Well Drilling

Address Box 88

City, State, Zip Cecil, Ohio 45821

I hereby certify the information given is accurate and correct to the best of my knowledge.

Signed Harold J. Layman

Date 9-20-96

ODH Registration Number 696

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept copy